

SAMPLE COMPLETED ASSESSMENT FORM 050

Invoice Date

Invoice #

ASSESSMENT FOR QUARTER ENDING

Insurance Company Name and NAIC Number

Insurance Company address

Insurance Company address

A FINE OF 5% WILL BE ASSESSED ON BALANCES NOT RECEIVED WITHIN 30 DAYS

**Data for Public employers
recorded in this column**

PUBLIC EMPLOYERS
(0.354 of Premiums)

PRIVATE EMPLOYERS
(0.049 of Premiums)

**Data for Public employers
recorded in this column**

Assessment collected
(Amount Due)

\$2,688.73 (A)

\$ 75,771.05 (B)

**Line used to record the calculated
assessment for Public/Private
employers**

Employers Assessed

8

453

**Line used to record the number
of Public/Private employers
assessed for the quarter**

Total Standard Premiums
for Assessed Insured

\$7,595.28

\$ 1,546,348.00

**Line used to record the standard
premium for Public/Private
employers assessed in quarter**

Please remit the quarterly assessment payment as follows:

1. MASS Industrial Accident Public Trust Fund

\$2,688.73 (A)

2. MASS Industrial Accident Private Trust Fund

(B) \$ 75,771.05

x 0.761

\$ 57,661.77

**Assessment due (Line B) above
due to DIA in two checks, which
will be credited to Trust and
Special funds.**

3. MASS Industrial Accident Special Fund

(B) \$ 75,771.05

x 0.239

\$ 18,109.28

I hereby certify under penalties of perjury that all laws of the Commonwealth
governing assessments and regulations therefore have been complied with and
observed, and that all information is, to the best of my knowledge, correct.

Name:

Jane Smith

Signed

Frank Jones

Title:

Phone:

123-456-7891

Date:

MMM-DD-YYYY

E-mail address required for individuals preparing and signing this document

(if different)

Signers E-mail

jsmith@insurer.com

Preparers' e-mail

fjones@insurer.com

**E-mail addresses of both
preparer and signer**

The DIA does not accept aggregated reporting information. Information is
required for each company required to pay assessments. Incomplete forms will
be considered to be delinquent and subject to the 5% fine.

Please visit the Assessment web-page at www.mass.gov/dia for a sample of a
properly completed Form 050.

THE COMMONWEALTH OF MASS/DIA'S TAX ID IS 046002284

**All fields in red are
required.**